



Arlington Housing Stability Program Application

Arlington Housing Stability Program Application

The Town of Arlington is administering the **Arlington Housing Stability Program**. This assistance is offered to Arlington, Massachusetts households that have incomes up to 100% of the Area Median Income and have had a negative COVID-19 pandemic-related financial impact. Eligible Arlington residents may use this application form to apply for rental or mortgage assistance.

Before submitting an application, please review the program guidelines

Applications will be accepted on a rolling basis until 12/31/22. We will contact you if you are eligible and notify you of the next steps, including additional documentation that may need to be submitted, within 3 weeks of your application submission. You may only submit one entry per person. If you submit multiple entries, only your most recently completed entry will be reviewed.

If you have questions about this form or need additional assistance in providing your information, please contact us at covidrelief@town.arlington.ma.us or call 781-316-3094.

Please note: This sample application has been made available so that you can preview the information you will need to submit. Applications should be submitted online using the form available at arlingtonma.gov/arpa. Do not submit an application using this sample form.

If you need a paper application, please contact the Department of Planning and Community Development at 781-316-3090 or covidrelief@town.arlington.ma.us.

Contact Information

Your Prefix

- ☐ Ms.
- ☐ Mr.
- ☐ Mrs.
- ☐ Other (please specify) _____

First Name and Last Name(s) of all household residents

Your First Name and Last Name(s) _____

Household Resident 2 First Name and Last Name(s) _____

Household Resident 3 First Name and Last Name(s) _____

Household Resident 4 First Name and Last Name(s) _____

Household Resident 5 First Name and Last Name(s) _____

Household Resident 6 First Name and Last Name(s) _____

Household Resident 7 First Name and Last Name(s) _____

Household Resident 8 First Name and Last Name(s) _____

Household Resident 9 First Name and Last Name(s) _____

Household Resident 10 First Name and Last Name(s) _____

Primary Residential Address

Street Address _____

Apartment or Unit Number, if applicable _____

City _____

State _____

Zip Code _____

Contact Information

Phone Number _____

Can you receive text messages on this phone? _____

Email Address _____@_____

Use a personal email address that you check often. We will communicate with you primarily through email. If you do not have an email address, write N/A or "None" and we will correspond with you by postal mail and/or phone.

PROCEED TO PAGE 2

Screening: Arlington Residency

Do you live in Arlington, Massachusetts?

- ☐ Yes, I live in Arlington, MA.
- ☐ No, and I acknowledge I am therefore not eligible for assistance as only households who live in Arlington, MA are eligible for this program.

Screening: Household Size

What is the total number of people in your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7 or more

PROCEED TO PAGE 3

Household Income: Find your household size, then select your income level. The incomes of all household members age 18 and over in 2021 must be included in your calculation.

Household Income: 1-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$37,600. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$37,601 and \$98,200. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$98,200. *If you selected this option, you are not eligible for this program.*

Household Income: 2-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$42,960. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$42,961 and \$112,200. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$112,200. *If you selected this option, you are not eligible for this program.*

Household Income: 3-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$48,320. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$48,321 and \$126,200. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$126,200. *If you selected this option, you are not eligible for this program.*

Household Income: 4-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$53,680. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$53,681 and \$140,200. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$140,200. *If you selected this option, you are not eligible for this program.*

Household Income: 5-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$58,000. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$58,001 and \$151,500. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$151,500. *If you selected this option, you are not eligible for this program.*

Household Income: 6-Person Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$65,823. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$65,824 and \$162,700. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$162,700. *If you selected this option, you are not eligible for this program.*

Household Income: 7-Person or Greater Household

How much was the **2021** total household income?

- ☐ Between \$0 and \$74,222. *If you selected this option, go to Page 4 to continue your application.*
- ☐ Between \$74,223 and \$173,900. *If you selected this option, go to Page 5 to continue your application.*
- ☐ More than \$173,900. *If you selected this option, you are not eligible for this program.*

Income Verification

What was your household's income in 2021?

\$

Please select ONE of the verification documents to attach.

- ☐ Your household's 2020 or 2021 Federal or State Tax Returns
- ☐ Your SNAP approval letter from 2021 or 2022
- ☐ Your Transitional Aid to Families with Dependent Children (TAFDC) approval
- ☐ Your Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) approval
- ☐ Your Arlington Housing Authority lease/rental agreement
By selecting this option, you give the Town of Arlington permission to contact your landlord to confirm your income level.
- ☐ Your Housing Corporation of Arlington lease/rental agreement
By selecting this option, you give the Town of Arlington permission to contact your landlord to confirm your income level.
- ☐ Your Caritas Communities lease/rental agreement
By selecting this option, you give the Town of Arlington permission to contact your landlord to confirm your income level.
- ☐ None of the above. I will complete a full income certification with the Town of Arlington's income certification specialist instead.

Please attach the document that you selected from the list above to the end of your application that you submit to the Town of Arlington

Do you rent or own your home?

- ☐ Rent [PROCEED TO PAGE 6](#)
- ☐ Home [PROCEED TO PAGE 7](#)

Screening Questions

Have you experienced a financial hardship related to the Covid-19 pandemic?

- ☐ Yes, my household experienced a financial hardship related to Covid-19.
- ☐ No, my household did not experience a financial hardship related to Covid-19, and I acknowledge I am therefore not eligible for assistance as only households who experienced a financial hardship related to Covid-19 are eligible for this program.

If your household has been financially impacted by the Covid-19 pandemic, please tell us what challenges you have faced since March 2020.

You will be required to provide supporting documentation during the verification phase of the application. Please check all that apply. I or someone in my household...

- ☐ **Lost a job.**
During the verification phase, you will need to submit a letter from your employer verifying that you were terminated OR an Unemployment Benefits Statement (if applicable).
- ☐ **Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed).**
During the verification phase, you will need to submit a letter from your employer verifying your reduction in hours or decreased pay or, if self-employed, submit profit and loss statements.
- ☐ **Had to miss work, or stop working, or work fewer hours due to a health or medical need including testing positive for Covid-19.**
During the verification phase, you will need to submit a letter from your employer verifying your reduction in hours or decreased pay OR Submit a hospital bill or receipt for COVID-19-related treatment (Note: Covid-19 testing is not an eligible expense)
- ☐ **Had to miss work, or stop working, to take care of someone with health or medical needs.** During the verification phase, you will need to submit a letter from your employer verifying your reduction in hours or decreased pay.
- ☐ **Had to miss work, or stop working, or work fewer hours because my child's school or daycare was closed.**
During the verification phase, you will need to submit a letter from your employer verifying your reduction in hours or decreased pay.
- ☐ **Had a roommate member move out, stop paying rent, or die, leaving me with higher housing costs (renters only).**
During the verification phase, you will need to submit a letter from your landlord verifying the occurrence.
- ☐ **Had higher bills than usual (for example, medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, etc.).**
During the verification phase, you will need to submit a bill or receipt for COVID-19-related expense AND a narrative explanation. Additional documentation may be requested.
- ☐ **Own a rental property and had a reduction in rental income.**
During the verification phase, you will need to submit a copy of the lease and evidence of attempt to obtain past due rent. You may also submit your 2019, 2020 and 2021 Schedule C from your 1040 tax filings to show a decrease in rental income.
- ☐ **None of the above.** I did not face any financial challenges related to Covid-19 and therefore am not eligible for this program.
- ☐ **Other** (please specify the source of the financial difficulty here) _____

Do you rent or own your home?

- ☐ Rent [PROCEED TO PAGE 6](#)
- ☐ Home [PROCEED TO PAGE 7](#)

Housing Information: Renter Household

What is the amount of your monthly rent?

Attach a copy of your most recent lease/rental agreement.

Please note: Your name, address, monthly payment amount, and name of your landlord/property owner must be on the document. If your lease is missing any of these items, your application may be delayed.

Landlord Contact Info

Applications submitted without a landlord servicer email address may be delayed.

Landlord Contact

Person's Name

Landlord Company

Name

Landlord Email

Address

Landlord Phone

Number

Landlord Mailing

Address (Street, City,
State, Zip Code)

Do you have a current lease or do you rent month-to-month ("tenancy-at-will")?

- ☐ I have a lease (please share when your lease ends in the box below)
- ☐ I rent month-to-month

If you have a lease, when does it end?

PROCEED TO PAGE 8

Housing Information: Homeowner Household

What is the amount of your monthly mortgage bill?

\$

Upload a copy of your most recent mortgage statement.

Please note: Your name, address, monthly payment amount, and name of your mortgage loan servicer must be on the document. If your lease/mortgage statement is missing any of these items, your application may be delayed.

Mortgage Loan Servicer Contact Info

Applications submitted without a mortgage loan servicer email address may be delayed.

Mortgage Loan
Servicer Contact
Person's Name

Mortgage Loan
Servicer Company
Name

Mortgage Loan
Servicer Email
Address

Mortgage Loan
Servicer Phone
Number

Mortgage Loan
Servicer Mailing
Address

PROCEED TO PAGE 8

Supplemental Questions

How did you learn about the Arlington Housing Stability Program? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Town Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Town Notice (Email) | <input type="checkbox"/> Email from APS Superintendent, Principal, or Teacher |
| <input type="checkbox"/> Town Manager's ACMI
Director of Planning and Community | <input type="checkbox"/> Signage posted in Town Hall |
| <input type="checkbox"/> Development's ACMI Update | <input type="checkbox"/> Signage posted at a House of Worship in Arlington |
| <input type="checkbox"/> Facebook or Twitter | <input type="checkbox"/> Signage posted in my residential building |
| <input type="checkbox"/> Arlington Advocate newspaper | <input type="checkbox"/> Signage posted at a park bulletin board |
| <input type="checkbox"/> YourArlington.com | <input type="checkbox"/> Other (please share how you learned about the Arlington Housing
Stability Program). _____ |

The following questions are being collected for data collection purposes only. They do not affect your eligibility for assistance or your chances of being selected for a grant.

Do you receive a Section 8 voucher?

- ☐ Yes
☐ No

How long have you lived in Arlington?

- ☐ Less than 1 year
☐ Between 1-3 years
☐ Between 4-5 years
☐ Between 6-10 years
☐ Longer than 10 years

Race

- ☐ Alaskan Native or Native American
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Pacific Islander
☐ White (not of Hispanic origin)
☐ Other (please specify)

Since March of 2020, have you received assistance for rental, mortgage, and/or utility assistance?

- ☐ Yes
☐ No

PROCEED TO PAGE 9

Submit Your Application

I, the below-named individual, declare under the pains and penalties or perjury that the foregoing statements are true, correct, and accurate to the best of my knowledge and ability. I acknowledge and accept that submission of this application does not guarantee receipt of funds from the Arlington Housing Stability Program. I acknowledge that if I am selected to receive funding through this program, it will be used only for eligible rent or mortgage payments.

Signature:

If applicable: Signature of assigned representative completing this form:

Please note that you may only submit one entry per person. If you submit multiple entries, it will be assumed that your newest entry is to correct errors in a previous entry, and your previous entry will be discarded. Only your most recently completed entry will be reviewed to determine your eligibility.

Please note that submission of this pre-application does not guarantee funding.

Please note: This sample application has been made available so that you can preview the information you will need to submit. Applications should be submitted online using the form available at arlingtonma.gov/arpa. Do not submit an application using this sample form.

If you need a paper application, please contact the Department of Planning and Community Development at 781-316-3090 or covidrelief@town.arlington.ma.us.